



**Marketplace Step Therapy Program**

Step Therapy requires you to have tried a Step 1 medication from the same therapeutic class as the brand name drug within the previous 180 days. If your prescription history does not indicate that a Step 1 medication was tried, the brand name medication will not be covered. The Step Therapy Program does not apply to you if you are already taking the brand name medication. Please note that the brand name medication will be covered at the appropriate benefit level once a Step 1 medication has been tried and found to be ineffective.

The chart below lists the medications included in the Step Therapy Program:

Step 2 Medications	Step 1 Medications	Criteria
<b>Allergy-Asthma</b>		
<b><u>Antihistamine, Inhaled Nasal</u></b> Olopatadine NS Azelastine/Fluticasone NS	Azelastine nasal spray 137mcg/spra Azelastine 0.15% NS	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b><u>Anti-Inflammatory, Inhaled Nasal</u></b> Zetonna	Fluticasone Mometasone NS	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b><u>Anti-Inflammatory Inhaled Oral</u></b> Asmanex Asmanex HFA	Arnuity Ellipta Flovent Diskus Flovent HFA	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b><u>Anti-Inflammatory Combo Product, Inhaled Oral</u></b> AirDuo Digihaler, Budesonide/Formoterol	Advair Diskus Breo Ellipta Dulera Fluticasone/Salmeterol Symbicort Wixela	The use of AirDuo and Budesonide/Formoterol require clinical team approval.  Criteria will require failure of two step 1 medications in the last 30 days, unless found medically necessary.
<b>Analgesic</b>		
<b><u>Agents for Migraine</u></b> Almotriptan, Eletriptan, Frovatriptan	Naratriptan HCL Sumatriptan Rizatriptan Rizatriptan ODT Zolmitriptan	Must have tried 2 medications in the 2 <sup>nd</sup> column within the last 180 days

<b><u>Nonsteroidal Anti-Inflammatory Agents</u></b> Etodolac, Etodolac ER, Fenoprofen, Mefenamic, Naproxen DR/EC, Naproxen Sodium, Oxaprozin, Piroxicam	Diclofenac Sulindac Indomethacin Meloxicam Ibuprofen Naproxen Flurbiprofen Nabumetone	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b><u>Skeletal Muscle Relaxants Agents</u></b> Metaxalone	Baclofen Cyclobenzaprine Orphenadrine Methocarbamol Carisprodol Tizanidine tablets	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b>Anti-Infective</b>		
<b><u>Bacterial Agents, oral</u></b> Vancomycin capsules	Firvanq	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
Demeclocycline hcl	Doxycycline Minocycline Tetracycline	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b>Anti-Rheumatics</b>		
<b><u>Methotrexate Injection</u></b> Reditrex	Oral Methotrexate	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b>Cardiovascular</b>		
<b><u>Alpha-2 Adrenergic Agonist</u></b> Clonidine extended release	Clonidine immediate release	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b><u>Alpha-1 Adrenergic Blocker</u></b> Silodosin	Alfuzosin ER Doxazosin Dutasteride Finasteride Tamsulosin Terazosin	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days

<b><u>Angiotensin II Receptor Blockers</u></b> Edarbi	Candesartan Irbesartan Losartan Valsartan Telmisartan	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b><u>Beta Blocking Agents</u></b> Carvedilol ER, Nebivolol tablets	Acebutolol Atenolol Bisoprolol Carvedilol Metoprolol Metoprolol XL Propranolol Sotalol	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
Vecamyl	Ace-inhibitor Angiotensin II Receptor Blocker Beta-Blocker Calcium Channel Blocker Diuretic	Must have tried a medication in 3 of the 5 drug classes in the 2 <sup>nd</sup> column within the last 180 days
<b>Central Nervous System</b>		
<b><u>Alzheimer Agents</u></b> Memantine ER	Memantine IR tablets	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b><u>Anti-Anxiety</u></b> Meprobamate	Buspirone	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b><u>Anti-Depressants</u></b> Fetzima, Trintellix, Viibryd	Bupropion Citalopram Duloxetine Fluoxetine Paroxetine Sertraline Trazodone Venlafaxine Venlafaxine XR	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
Clomipramine, Desipramine,	Amitriptyline Imipramine Nortriptyline	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
Doxepin tablets	Amitriptyline	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days

<b><u>Antipsychotics</u></b> Asenapine, Rexulti	Aripiprazole	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
Invega Sustenna	Paliperidone ER tablets	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
Olanzapine-fluoxetine combination pill	Olanzapine AND Fluoxetine	Must have tried both medications concurrently in the 2 <sup>nd</sup> column within the last 180 days
<b><u>Smoking Deterrents</u></b> Nicotrol	Bupropion ER Nicotine TD Patches (all strengths) Varenicline	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b><u>Sedative/Hypnotics</u></b> Belsomra, Ramelteon	Doxepin Eszopiclone Temazepam Zaleplon Zolpidem	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
Zolpidem ER	Zolpidem	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b>Dermatology</b>		
<b><u>Anesthetics, Topical Patches</u></b> Lidocaine 5% Patches	Lidocaine 4% OTC patches Lidocaine pad 4%	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b><u>Antiacne, Retinoid Combo Topical Agents</u></b> Adapalene Rx 0.1%, 0.3% Adapalene-benzoyl peroxide, Differin Lotion	Differin (Adapalene) 0.1% gel OTC	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b><u>Antibiotic, Topical Agents</u></b> Altabax Ointment	Mupirocin 2% Ointment	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days

<p><b><u>Antifungals, Topical Agents</u></b> Exelderm, Naftifine 2% cream, Oxiconazole, Sulconazole</p>	<p>Butenafine, Ciclopirox soln, cream, shampoo Econazole, Ketoconazole cream, shampoo, Nystatin cream, ointment, powder</p>	<p>Must have tried a medication in the 2<sup>nd</sup> column within the last 180 days</p>
<p>Ertaczo</p>	<p>Clotrimazole 1% cream Clotrimazole/Betamethasone 1-0.05% Cream Ketoconazole 2% cream Ciclopirox Cream</p>	<p>Must have tried a medication in the 2<sup>nd</sup> column within the last 180 days</p>
<p>Luliconazole</p>	<p>Ciclopirox soln, cream, shampoo Ketaconazole cream, shampoo Nystatin</p>	<p>Must have tried a medication in the 2<sup>nd</sup> column within the last 180 days</p>
<p><b><u>Immunomodulators, Topical Agents</u></b> Pimecrolimus 1% Cream</p>	<p>Tacrolimis 0.1% and 0.03% Oint</p>	<p>Must have tried a medication in the 2<sup>nd</sup> column within the last 180 days</p>
<p><b><u>Rosacea Topical Agents</u></b> Azelaic Acid gel 15%</p>	<p>Metronidazole 0.75% cream, gel, or lotion</p>	<p>Must have tried a medication in the 2<sup>nd</sup> column within the last 180 days</p>
<p><b><u>Steroids, Topical Agents – Very High Potency</u></b> Diflorasone 0.05% ointment,</p>	<p>Clobetasol 0.05% cream, Clobetasol 0.05% ointment Halobetasol 0.05% cream Halobetasol 0.05% ointment</p>	<p>Must have tried a medication in the 2<sup>nd</sup> column within the last 180 days</p>
<p><b><u>Steroids, Topical Agents – High Potency</u></b> Desoximetasone 0.05% gel</p>	<p>Augmented betameth dip 0.05% cream, Betamethasone val 0.1% oint, Fluocinonide 0.05% gel/cr/oint, Triamcinolone 0.5% cr/oint</p>	<p>Must have tried a medication in the 2<sup>nd</sup> column within the last 180 days</p>

<b><u>Steroids, Topical Agents - Medium Potency</u></b> Flurandrenolide	Betameth dip lotion 0.05%, Betameth val cream 0.1%, Fluticasone 0.05% cream and 0.005% ointment, Mometasone 0.1% cr /oint/lotion, Triamcinolone 0.1% cr/oint/lot, Triamcinolone 0.25% cr/oint/lot	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b><u>Steroids, Topical Agents – Low Potency</u></b> Desonide, Halcinonide cream	Hydrocortisone 2.5% cr/oint/lot	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b>Endocrine and Metabolic</b>		
<b><u>Estrogens, Oral Agents</u></b> Premarin	Estradiol	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b><u>Gout Agents</u></b> Febuxostat	Allopurinol	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
Colchicine capsule	Colchicine tablet	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b>Gastrointestinal</b>		
<b><u>Antispasmodics</u></b> Glycopyrrolate tablets 1.5mg, Glycate	Glycopyrrolate tablets 1mg Glycopyrrolate tablets 2mg	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b><u>Inflammatory Bowel Disease</u></b> Dipentum	Sulfasalazine	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b>Genitourinary</b>		
<b><u>Urinary Antispasmodics</u></b> Fesoterodine, Solifenacin	Flavoxate Darifenacin Oxybutynin Oxybutynin ER Tolterodine Tolterodine ER Trospium Trospium ER	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days

<b>Insulin</b>		
<b><u>Bolus Insulin</u></b> Apidra	Humalog	The use of Apidra require clinical team approval.  Criteria will require failure in the last 30 days, unless found medically necessary
<b><u>Basal Insulin</u></b> Insulin Degludec	Lantus Levemir Toujeo Tresiba	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b>Ophthalmic</b>		
<b><u>Antihistamines</u></b> Epinastine, Olopatadine (Rx)	Azelastine Opth Soln. Pataday OTC	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b><u>Anti-Inflammatory</u></b> Nevanac	Ketorolac Bromfenac Diclofenac Flurbiprofen	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b><u>Anti-Inflammatory, Antibiotic</u></b> Zylet	Tobramycin/Dexamethasone	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b><u>Antiglaucoma</u></b> Bimatoprost, Lumigan, Tafluprost, Travoprost 0.004%	Latanoprost	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
Simbrinza	Dorzolamide/Timolol	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
Brinzolamide	Dorzolamide	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b><u>Emulsion</u></b> Cyclosporine	Genteal OTC	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b><u>Glucocorticoids</u></b> Loteprednol	Prednisolone Acetate Prednisolone Sod. Phos	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days
<b><u>Mast Cell Stabilizer</u></b> Alocril, Alomide, Azelastine	Ketotifen Opth soln	Must have tried a medication in the 2 <sup>nd</sup> column within the last 180 days

\*Subject to change.

If you are a new member to AultCare and have tried the Step 1 Medications, documentation from your physician is required. Some plans may have additional medications listed in their Step Therapy Program.

Please call the AultCare Service Center at 330-363-6360 or 1-800-344-8858 (TTY: 711) or Aultra Service Center at 330-363-2050 or 1-855-270-8497 (TTY: 711) if you have any questions.

### **AultCare/Aultra Notice Tag Lines for the State of Ohio**

#### **English**

This Notice has Important Information. This notice has important information about your application or coverage through **AultCare /Aultra**. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. **Call Local: 330.363.6360 Outside Stark County: 1.800.344.8858 TTY Local: 711 Outside Stark County: 711**

#### **Spanish**

Español

Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través **AultCare/Aultra**. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al **Local : 330.363.6360 Fuera del condado de Stark : 1.800.344.8858 TTY Local : 711 Fuera del condado de Stark : 711**

#### **Chinese**

中文

本通知有重要的訊息。本通知有關於您透過 **AultCare/Aultra** 保險公司 提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 本地： **330.363.6360 斯塔克縣外： 1.800.344.8858 TTY 線 本地： 711 斯塔克縣外： 711。**

#### **German**

Deutsche

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch **AultCare/Aultra**. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter **Local: 330.363.6360 Außerhalb von Stark County : 1.800.344.8858 TTY –Linie Local: 711 Außerhalb von Stark County : 711**



## Arabic

### العربية

يحتوي هذا الإشعار معلومات هامة. يحتوي هذا الإشعار على معلومات مهمة بخصوص طلبك للحصول على التغطية من خلال شركة التأمين  
AultCare/Aultra

ابحث عن التواريخ الهامة في هذا الإشعار. قد تحتاج لاتخاذ اجراء في تواريخ معينة للحفاظ على تغطيتك الصحية او للمساعدة في دفع التكاليف. لك الحق في الحصول على المعلومات والمساعدة بلغتك من دون أي تكلفة. اتصل بـ 330.363.6360 خارج مقاطعة ستارك  
1.800.344.8858 لخط TTY المحلي: 711 خارج مقاطعة ستارك: 711:

## Pennsylvania Dutch

### Deutsch

Die Bekanntmachung gebt wíchdichi Auskunft. Die Bekanntmachung gebt wíchdichi Auskunft baut dei Application oder Coverage mit **AultCare/Aultra**. Geb Acht fer wíchdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimme Deadlines, so ass du dei Health Coverage bhalde kannscht, odder bezaahle helfe kannscht. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprooch griege, un die Hilf koschtet nix **Local: 330.363.6360 Außerhalb von Stark County : 1.800.344.8858 TTY –Linie Local: 711 Außerhalb von Stark County : 711.**

## Russian

### русский

Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через **Страховая компания AultCare/Aultra**. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону **Местный: 330.363.6360 Вне Старка County : 1.800.344.8858 TTY линия Местный: 711 Вне Старка County : 711.**

## French

### Français

Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de **Compagnie d'Assurance AultCare/Aultra**. Rechercher les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. **Appelez Locale: 330.363.6360 En dehors du comté de Stark : 1.800.344.8858 ligne ATS Local : 711 En dehors du comté de Stark : 711**

## Vietnamese

### Việt Nam

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình **Công ty Bảo hiểm AultCare/Aultra**. Xin xem ngày then chốt

trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số **Địa phương: 330.363.6360 Bên ngoài của Stark County : 1.800.344.8858 TTY đường dây Địa phương: 711 Bên ngoài của Stark County : 711.**

### Cushite-Oromo

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa **AultCare/Aultra** tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qaba. Guyyaawwan murteessaa ta’an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhuma irratti wanti raawwattan jiraachuu danda’a. Kaffaltii irraa bilisa haala

ta’een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa **Local: 330.363.6360 Outside of Stark County: 1.800.344.8858 TTY Line Local: 711 Outside of Stark County: 711** tii bilbilaa.

### Korean

한국어

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 **AultCare/Aultra 보험 회사**를 통한 커버리지에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. **지역: 330.363.6360 스타크 카운티의 외부 : 1.800.344.8858 TTY 라인 지역: 711 스타크 카운티의 외부: 711** 로 전화하십시오.

### Italian

Italiano

Questo avviso contiene informazioni importanti sulla tua domanda o copertura attraverso **AultCare/Aultra**. Cerca le date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama **Locale: 330.363.6360 Al di fuori di Stark County : 1.800.344.8858 TTY linea Locale: 711 Al di fuori di Stark County : 711.**

### Japanese

日本語

この通知には重要な情報が含まれています。この通知には **AultCare/Aultra 保険会社** の申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。 **330.363.6360 スターク郡の外 : 1.800.344.8858 TTY ライン ローカル : 711 スターク郡の外 : 711** までお電話ください。

### Dutch

Nederlands

Deze mededeling heeft belangrijke informatie. Deze mededeling heeft belangrijke informatie over uw aanvraag of dekking via **AultCare /Aultra**. Kijk naar belangrijke datums in deze mededeling. Het kan nodig zijn om actie te ondernemen binnen bepaalde termijnen om uw zorgverzekering te behouden of hulp met kosten te krijgen. U heeft het recht om deze informatie en hulp in uw taal zonder kosten. Bel **Local : 330.363.6360 Buiten Stark County : 1.800.344.8858 TTY Line Local : 711 Buiten Stark County : 711**.

## Ukrainian

український

Це повідомлення містить важливу інформацію. Це повідомлення містить важливу інформацію про Ваше звернення щодо страхувального покриття через **Страхова компанія AultCare/Aultra**. Зверніть увагу на ключові дати, вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Лзвоніть за номером телефону **Місцевий : 330.363.6360 Поза Старка County : 1.800.344.8858 TTY лінія Місцевий : 711 Поза Старка County : 711**.

## Romanian

Română

Prezenta notificare conține informații importante. Această notificare conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin **Compania de Asigurari AultCare/Aultra**. Căutați datele cheie din această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența privitoare la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la **Locale : 330.363.6360 In afara Stark Judet : 1.800.344.8858 TTY linie Locale : 711 In afara Stark Judet : 711**.

### Non-Discrimination Notice:

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

